Journal of Advanced Medical and Dental Sciences Research

@Society of Scientific Research and Studies

Journal home page:www.jamdsr.com doi:10.21276/jamdsr Index Copernicus value [ICV] =82.06

(e) ISSN Online: 2321-9599; (p) ISSN Print: 2348-6805

Original Research

Evaluation of cases of obsessive-compulsive disorders

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ABSTRACT:

Background: Obsessive-Compulsive Disorder (OCD) is a mental health condition characterized by the presence of obsessions and compulsions. The present study was conducted to assess obsessive-compulsive disorders. **Materials & Methods:** 68 patients diagnosed with OCD of both genders were included. A DSM-5 diagnosis of OCD was confirmed using the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV). Yale-brownobsessive compulsivescale was also recorded. **Results:** Out of 68 patients, males were 30 and females were 38. The mean age of onset was 16.8 years, the duration of illness was 2.8 years, the duration of treatment was 1.7 years and positive family history was seen in 15 patients. Common symptoms were cognitive in 8, cleaning in 6, checking in 26 patients, harming others in 12, contamination in 6, symmetry in 8 and hoarding in 2 patients. The mean YBOCS total score was 17.4, YBOCS obsessions score was 8.2 and YBOCS compulsions score was 9.2. **Conclusion:** Common symptoms in OCD patients were cognitive, cleaning, checking harming others, contamination, symmetry and hoarding.

Key words: Cleaning, symmetry, obsessive-compulsive disorder

Received: 11 August, 2018 Accepted: 16 September, 2018

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This article may be cited as: Kochar AS, Saimbi D. Evaluation of cases of obsessive-compulsive disorders. J Adv Med Dent Scie Res 2018;6(10):197-200.

INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a mental health condition characterized by the presence of obsessions and compulsions.[1] Obsessions are intrusive, persistent, and distressing thoughts, images, or urges that individuals cannot control. These obsessions often lead to significant anxiety and discomfort. Compulsions, on the other hand, are repetitive behaviors or mental acts that a person feels driven to perform in response to their obsessions. These compulsions are often aimed at reducing the distress caused by the obsessions.[2]

The suffering, functional impairment, and economic cost due to OCD are substantial. Untreated OCD is associated with higher rates of unemployment, less work productivity, lower rates of marriage, and adverse effects upon family members.[3] Moreover, OCD is associated with high rates of major depression, social phobia, and other mental disorders and poor long-term social adjustment. Fortunately, effective pharmacological and behavioral treatments are available.[4] Comorbid disorders are present in almost 2/3rd of childhood/adolescent; common comorbidities include anxiety disorders, mood disorders, tic disorders, attention-deficit/hyperactivity disorder, and conduct disorders.[5] Family studies with childhood/ adolescent probands show higher rates of family history of OCD as compared to studies with adult probands.[6] The present study was conducted to assessobsessive-compulsive disorders.

MATERIALS & METHODS

The present study consisted of 68 patients diagnosed with OCD of both genders. All patients were informed regarding the study and their written consent was obtained.

Data such as name, age, gender etc. was recorded. A DSM-5 diagnosis of OCD was confirmed using the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV). Yale-brown obsessive compulsive scale was recorded. A thorough clinical examination was performed in all patients. Parameters such as comorbidities, duration of illness, precipitating factor, duration of treatment, current treatment details, adequate treatment trials, treatment with psychotherapeutic method etc. were recorded. Results were tabulated and subjected to statistical analysis. A p value less than 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 68		
Gender	**Males**	**Females**
Number	30	38

Table I shows that out of 68 patients, males were 30 and females were 38.

Table II Assessment of parameters

Parameters	Mean	SD
Mean age of onset (years)	16.8	2.2
Duration of illness (years)	2.8	1.1
Duration of treatment (years)	1.7	0.5
Positive family history	15	1.6

Table II, graph I shows that the mean age of onset was 16.8 years, the duration of illness was 2.8 years, the duration of treatment was 1.7 years and positive family history was seen in 15 patients.

Graph I Assessment of parameters

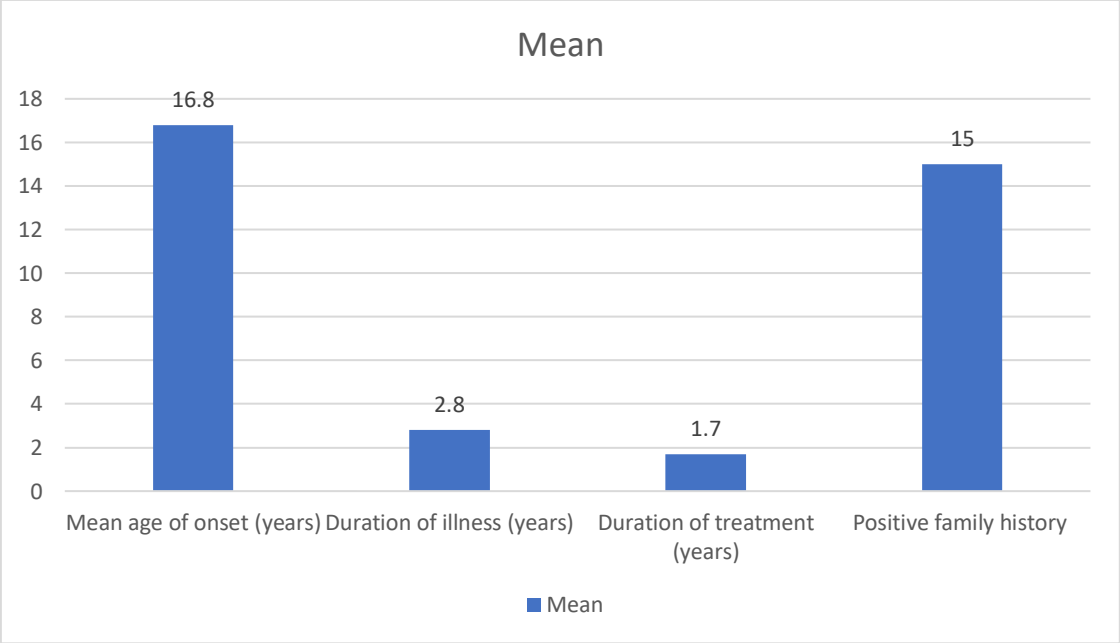

Table III Assessment of symptoms

Symptoms	Number	P value
Cognitive	8	0.01
Cleaning	6	
Checking	26	
Harming others	12	
Contamination	6	
Symmetry	8	
Hoarding	2	

Table III shows that common symptoms were cognitivein 8, cleaning in 6, checking in 26 patients, harming others in 12, contamination in 6, symmetry in 8 and hoardingin 2 patients. The difference was significant (P< 0.05).

Table IV Assessment of the Children's Yale Brown Obsessive Compulsive Scale

Parameters	Mean	SD
YBOCS total score	17.4	2.3
YBOCS obsessions score	8.2	1.2
YBOCS compulsions score	9.2	1.1

Table IV shows that the mean YBOCS total score was 17.4, YBOCS obsessions score was 8.2 and YBOCS compulsions score was 9.2.

DISCUSSION

The crippling disorder known as obsessive-compulsive disorder (OCD), which affects children, adolescents, and adults alike, has a 1%–4% lifetime prevalence. Its comorbidity profile and clinical presentations differ. It usually has a long, erratic course that is extremely detrimental to both the patient and the caregivers. Epidemiological studies have reported that obsessive-compulsive disorder (OCD) is a common psychiatric illness.[7,8] However, prevalence estimates have varied across major studies, partly owing to methodological differences, with the epidemiological catchment area study reporting a lifetime prevalence of 1.9%–3.3%.[9,10]The present study was conducted to assessobsessive-compulsive disorders.

We observed that out of 68 patients, males were 30 and females were 38.Jaisoorya et al[12]examined the phenotypic characteristics of juvenile OCD (current age < or = 18 years, n = 39), juvenile-onset adult OCD (onset < or = 18 years, current age >18 years, n = 87) and adult-onset OCD (onset > 18 years, n = 105). Qualified psychiatrists expert in evaluating OCD subjects conducted clinical and structured interviews. In the multinomial logistic regression analysis, controlling for chronological age and gender, the juvenile OCD was associated with male preponderance, elevated rates of certain obsessive-compulsive symptoms, attention-deficit hyperactivity disorder, chronic tics, body dysmorphic disorder and major depression. In addition, juvenile-onset adult OCD differed from juvenile OCD by having later age-at-onset and low rate of ADHD. The juvenile-onset adult OCD was positively associated with social phobia and chronic tics compared to adult-onset OCD. The juvenile OCD appears to be different from both juvenile-onset adult OCD and adult-onset OCD supporting previous observations that juvenile OCD could be a developmental subtype of the disorder.

We found that the mean age of onset was 16.8 years, the duration of illness was 2.8 years, the duration of treatment was 1.7 years and positive family history was seen in 15 patients.Salkovskis et al[13]found that experiencing heightened responsibility, overprotective parents and rigid rules, and thinking that one influenced or caused a negative life event act as "pathways" to the development of inflated responsibility beliefs, thereby increasing risk for OCD. In fact, overvalued sense of responsibility has been proposed as a target for both prevention and management in OCD;cognitive restructuring techniques to address this phenomenon would also help facilitate insight into illness. Avoidance, indecisiveness, pervasive slowness, and overvalued sense of responsibility are related to functional impairment in childhood OCD and they reduce with treatment.

We found that common symptoms were cognitive in 8, cleaning in 6, checking in 26 patients, harming others in 12, contamination in 6, symmetry in 8 and hoarding in 2 patients. The mean YBOCS total score was 17.4, YBOCS obsessions score was 8.2 and YBOCS compulsions score was 9.2.Reddy et al[14]in 5784 students of the age range of 18–25 years found that the point prevalence of OCD was 3.3%(males = 3.5%; females=3.2%). 8.5% students (males=9.9%; females=7.7%) fulfilled criteria of subthreshold OCD. Taboo thoughts(67.1%) and mental rituals (57.4%) were the most common symptoms in OCD subjects. Compared to those without obsessive-compulsive symptoms (OCSs), those with OCD and subthreshold OCD were more likely to have lifetime tobacco and alcohol use, psychological distress, suicidality, sexual abuse, and higher attention-deficit/hyperactivity disorder symptom scores. Subjects with subthreshold OCD were comparable to those with OCD except that OCD subjects had higher psychological distress scores and academic failures.

Bloch et al[15]conducted a study on 113 males and 60 females which were assessed using a semi-structured pro forma for sociodemographic information, clinical characteristics, the Children's Yale Brown Obsessive Compulsive Scale (CYBOCS), Structured Clinical Interview for Diagnostic and Statistical Manual, 5th Edition Research Version, Children's Depression Rating Scale, and Family Interview for Genetic Studies. Results: The sample was largely male with a moderate illness severity. Nearly 75% of the sample had illness onset before the age of 14 years. Aggressive, contamination-related obsessions and washing, checking, and repeating compulsions were the most common symptoms. CYBOCS assessment revealed that >2/3rd of children and adolescents endorsed avoidance, pathological doubting, overvalued sense of responsibility, pervasive slowness, and indecisiveness. Family history and comorbidity rates were low. OC-related disorders were present in about 10% of the sample.

The shortcoming of the study is a small sample size.

CONCLUSION

Authors found that common symptomsin OCD patients were cognitive, cleaning, checking harming others, contamination, symmetry and hoarding.

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